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forming such duty (6 McQuillin's Municipal Corporation, sec. 2669). Judge Dillon states the law as follows:

The power or even duty on the part of a municipal corporation to make provision for the public health and for the care of the sick and destitute appertains to it in its governmental or public, and not in its corporate, or, as it is sometimes called, private, capacity. And therefore where a city, under its charter, and the general law of the State enacted to prevent the spread of contagious diseases, establishes a hospital, it is not responsible to persons injured by reason of the misconduct of its agents and employees therein (4 Dillon's Municipal Corporations (5th Ed.), sec. 1661). *Fowle v. Common Council of Alexandria* (3 Pet. 398, 7 L. Ed. 719); *Maximilian v. Mayor* (62 N. Y. 160, 164, 165, 20 Am. Rep. 468).

Also see the following:

Pfefferle v. Commissioners of Lyon County (39 Kans. 432, 18 Pac. 506);

Thomas v. Ellis County (91 Kans. 443, 138 Pac. 409);

State v. Lawrence (79 Kans. 234, 250, 100 Pac. 485);

City of Caldwell v. Prunelle (57 Kans. 511, 513, 46 Pac. 949, 950);

Edson v. Olathe (81 Kans. 328, 105 Pac. 521, 36 L. R. A. (N. S.) 861); rehearing denied, 82 Kans. 4, 107 Pac. 539, 36 L. R. A. (N. S.) 865;

La Clef v. City of Concordia (41 Kans. 323, 21 Pac. 272, 13 Am. St. Rep. 285);

Evans v. Kankakee (231 Ill. 223, 83 N. E. 223, 13 L. R. A. (N. S.) 1190);

Sherbourne v. Yuba County (21 Cal. 113, 81 Am. Dec. 151);

City of Richmond v. Long's Adm'rs. (17 Grat. (Va.) 375, 94 Am. Dec. 461);

Summers v. Daviess County (103 Ind. 262, 2 N. E. 725, 53 Am. Rep. 512);

Murtaugh v. St. Louis (44 Mo. 479);

Barbour v. Ellsworth (67 Me. 294);

Lynch v. North Yakima (37 Wash. 657, 80 Pac. 79, 12 L. R. A. (N. S.) 261.

With the law on this important subject so well settled, it seems idle to urge an objection which is without merit to the enforcement of venereal disease quarantine laws.

BRITISH PROVISION FOR TUBERCULOUS EX-SOLDIERS.

Village Settlements Urged by a Recent Deputation to the Minister of Health.

A deputation representing the Interdepartmental Committee on Tuberculosis, the Papworth Tuberculosis Colony, and the Norfolk Branch of the British Red Cross Society, recently waited on the British Minister of Health to urge the establishment of village settle-

ments in connection with the treatment of ex-soldiers. The establishment of such settlements had previously been recommended in a report on the Interdepartmental Committee on Tuberculosis.

To quote from a memorandum issued March 25, 1920, by the British Ministry of Health:

"The case for the establishment of village settlements put before the Minister was, broadly, that sanatorium treatment for tuberculosis, even where accompanied by training in a suitable occupation, has been found to be inadequate as a means of combating the disease. The general experience has been that patients who return from a sanatorium to their homes and former occupations are unable permanently to earn a living or maintain their health. The interest both of the patients and of the community requires that patients should pass through a threefold course: First, of sanatorium treatment; second, of training; and third, of permanent settlement in suitable surroundings. The village settlement should be a natural development of the sanatorium and training colony, and the patient should be in a position to look forward to being able, on completion of his course of treatment and training, to take up his permanent residence in a settlement where, still in close touch with the sanatorium, he could work under conditions which would enable him to maintain his health, and have his family or dependents with him. In the settlement, the patient and his family would have to be housed, the necessary workshops and other buildings would have to be provided, and (in the case of the civilian) the patients' earnings would have to be supplemented; but the community would gain in the result by the prevention of the spread of infection, and the fact that the tuberculosis patient would remain a productive worker. As illustrating the results of establishing a village settlement on these lines, it was stated that at the Cambridgeshire Tuberculosis Colony, out of 30 cases who have passed from sanatorium treatment and training into the settlement there, not one had died in four years."

The Minister of Health, Dr. Addison, in replying to the deputation, referred not only to the matter of village settlements, but to the four main recommendations contained in the report of the Interdepartmental Committee, namely:

- "(1) That an increased capital grant should be given for the provision of sanatoria;
- "(2) That additional sanatorium accommodation for ex-soldiers should be provided;
- "(3) That increased provision should be made for training; and
- "(4) That village settlements should be established."

He stated that as regards (1), the capital had then been increased from £90 to £180 per bed (subject to a limit of three-fifths of the total cost).

With regard to (2) he said that since the issuance of the committee's report 7,000 additional beds had been provided or were then in course of being provided, largely as a result of the increased capital grant.

As to (3) he stated that negotiations were then proceeding with the authorities of a number of suitable sanatoria for the rapid provision of training facilities for 1,000 tuberculous ex-service men at an estimated cost of £250,000.

The following regarding village settlements is quoted from the memorandum of the Ministry:

"On the question of village settlements Dr. Addison assured the deputation of his good-will. There were, however, various difficulties to be overcome. The success of a village settlement would depend even more upon the personality of the man in charge than upon the material provision made. As regards finance, the provision of 10 settlements for not less than 200 patients each, as proposed by the Interdepartmental Committee, would, he considered, cost much more than the sum of £1,000,000 suggested by the committee. Again, as the Minister of Health, he could not consider only the case of the ex-soldier; he had to consider also the civilian population, who have no pensions to supplement their earnings. Further, the Cambridgeshire Tuberculosis Colony was managed by a voluntary organization; but in the establishment of further settlements it would be necessary to rely in the main upon local authorities.

"The problem was, therefore, one of much complexity; but a comprehensive scheme, dealing with all the various issues involved, was under discussion with the Treasury. There was, in addition, the important question of the situation of the projected settlements. On this, Dr. Addison intimated that Dr. Nathan Raw and Dr. Varrier Jones, members of the deputation, had kindly consented to undertake, in conjunction with a medical officer of the Ministry, a series of local investigations with a view to advising him on this matter."

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